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1. PLACE OF BEATH a. COUNT (Place of the control of the country	FILED N	OV 22 1950	STANDARD CERT	IFICATE OF DEA	ATH State File N	
B. COUNT (I to english exponents little, write ADRAL and street to warmship) D. CITY (II counts of the counts) D. CITY (II counts) D. CITY (II counts) D. COUNTY (II counts) D. C. CITY (II counts) D. DATE (II counts) D.		<i>A</i>	REG. DIST. NO	PRIMARY REG. DIST.	NO. 3010 Registrar's	w° 3₹₹
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INSTITUTION 6 9	OR /	orporate limite, write RU		OF C. CITY (If quadde our OR TOWN	porate limit, write RURAL and give	cownship) 0/6
DECEASED (grobe or Print) (grobe or Grobe or G	MUSELIAL UK	1///	stitution, give street address or location	II ADDRESS . /	(If rural, silviplocation)	v o
1. USLA COCUPATION (Give kind of work does during most of working ULS, aveal if retired) 100. KIND OF BUSINESS OF IN- 10a. USUAL OCCUPATION (Give kind of work does during most of working ULS, aveal if retired) 10b. KIND OF BUSINESS OF IN- 10a. USUAL OCCUPATION (Give kind of work does during most of working ULS, aveal if retired) 10b. KIND OF BUSINESS OF IN- 10b. USUAL OCCUPATION (Give kind of work does during most of working ULS, aveal if retired) 10b. KIND OF BUSINESS OF IN- 10b. USUAL OCCUPATION (Give kind of work does during ULS, aveal if retired) 10b. KIND OF BUSINESS OF IN- 10b. USUAL OCCUPATION (Give kind of work does during ULS, aveal if retired) 10b. KIND OF BUSINESS OF IN- 10b. USUAL OCCUPATION (Give kind of work does during ULS, aveal in the county of the control of the color o	DECEASED	Delle	b. (Middle)	c. (Last)		h) (987) (3 ear
13a. Father MAME 13b MOTHER'S MAIDEN 14. NAME OF HUSBAND OR BIFE 15 MAS DECASED EVER IN U. SAMED FORCEST 16. SOCIAL SECURITY NO. 17 MANE 17 MANE 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. DISEASE OR CONDITION 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. DISEASE OR CONDITION 18. DISEASE OR CONDI	Temal 1	MAR BOLE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify	8. DATE SE BIRTH	9. AGE (In years) IF U	
15/MSD DECEASED EVER IN U. S. ASIMNED FORCES? 16. SOCIAL SECURITY NO. PLANFORMANT S. SCIPATURE OR NAME CONTROL OF CONTROL	10a. USUAL OCCUPATION done during most of work	ON (Give kind of working life, even if retired)	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (State	or foredgen essentiry)	12. CTT/ZEA OF W
18. CAUSE OF DEATH Enter only one course per line for dates of services 19. LAUSE OF DEATH Enter only one course per line for do not mean the mode of dring, such as heart failure, astherial. The to the above crust (a) stading the underlying cruse last. ANTECEDENT CAUSES ANTECEDENT CONDITIONS Conditions contributing to the death but not related to the disease or conditions couring death. Conditions contributing to the death but not related to the disease or conditions couring death. COUNTY) Test III. TION T	13a. FATHER HAME	Mangra	13b MOCHES'S MAID		14. NAME OF HUSBAND OR	UFE .
Enter only one course per line for (a), (b), and (c) This does not mean the discovery of the mode of dring, such as heart failure, ashenia, rise to the above cause (a) stating the underlying cause last. Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO (c) DUE TO (c) ASSULABLE OF INJURY (a.g., in or aboves) Fig. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE 21d. (Boedly) 121d. (County) 121d.	15/WAS DECEASED EVE (Teacho, or unknown) (I	R IN U.S. ARMED FO	ORCES? 16. SOCIAL SECURITY		SOMATURE OR NAME	POP SOORES
the mode of dying, such as heart fallure, attention, the mode of dying, such as heart fallure, attention, tet. It means the discase from the underlying cause last. DUE TO (c) Levelar Disease	Enter only one cause per	I. DISEASE OR COI DIRECTLY LEADIN	NOTION (1)	CERTIFICATION	honboie	INTERVAL BETWI
the underlying cause last. DUE TO (c) DUE TO (c) DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS TO DITIONS DUE TO (c) DUE	*This does not mean	ANTECEDENT CAU	ISES	1.1.		700
State Stat	as heart failure, asthenia, etc. It means the dis-	i Tibe to the above cau	use (a) stating e last.	Jellen I	vi caccio	20 90
19a. DATE OF OPERATION 20. AUTOPSY TION 21a. ACCIDENT SUICIDE HOMICIDE LIA TIME HOMICIDE HOMICIDE HOMICIDE HOMICIDE LIA TIME HOMICIDE HOMICIDE LIA TIME HOMICIDE HOMICIDE HOMICIDE HOMICIDE LIA TIME HOMICIDE HOMICIDE LIA TIME HOMICIDE HO		Conditions contribut	CANT CONDITIONS	Aug Sal	Mino service	1901
21a. ACCIDENT (Bowelly) 21b. PLACE OF INJURY (e.g., to or about blome, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE MORK AT WORK 22. I hereby certify that I attended the deceased from AOV 3 1950, to NOV 3, 1950, that I last saw the decease of months at white alive on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13, 1950, to NOV 3, 1950, that I last saw the decease on 1/-13,	19a. DATE OF OPERATION			and su	Marie James	20. AUTOPSY?
22. I hereby certify that I attended the deceased from \$\frac{AOV}{3}, 19\frac{5O}{3}, \text{to NOV} \frac{1}{3}, 19\frac{5O}{3}, \text{that I last saw the deceased on \$\frac{AV}{3}, 19\frac{5O}{3}, \text{that I last saw the deceased on \$\frac{AV}{3}, 19\frac{5O}{3}, \text{that I last saw the decease on \$\frac{AV}{3}, \text{19}\frac{5O}{3}, \text{that I last saw the decease on \$\frac{AV}{3}, \text{19}\frac{5O}{3}, \text{that I last saw the decease on \$\frac{AV}{3}, \text{19}\frac{5O}{3}, \text{that I last saw the decease on \$\frac{AV}{3}, \text{19}\frac{5O}{3}, \text{19}\frac{5O}{3}, \text{10}	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 21	b. PLACE OF INJURY (e.g., in or about me, farm, factory, street, office bidg., etc.	21c. (CITY, TOWN, OR T	TOWNSHIP) (COUNTY)	
22. I hereby certify that I attended the deceased from \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, to \$\frac{NOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased on \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased from \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased from \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased from \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased from \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased from \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased from \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, that I last saw the deceased from \$\frac{AOV}{3}\$, 19\frac{5O}{3}\$, the deceased from \$\frac{AOV}{3}\$, the deceased from \$	OF	(Day) (Year) (He	WHILEAT (" NOT WHO FI	21f. HOW DID INJURY	OCCUR?	-
23a. SIGNATURE (Degree or title) (Degree or title) (Degree or title) (Degree or title) (ARE TIME AND			deceased from AOV /		V 13, 19 50, that I i	ast saw the decea
22/ BURIAL CREMA- 24b. DATE 225 NAME OF CEMETERY OR CREMATORY 246/COOKTION (STATE) (State PROCED BY 1000) PEOSTDAMS SIGNATURE (STATE PROCED BY 1000) PEOSTDAMS SIGNATURE	23a. SIGNATURE	und DC		23b ADDRESS	10 4.	23c. DATE SIGN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADOPESS	BURIAL, CREMA	24b. DATE	24C NAME OF CEMETE			
	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG	MATURE 44	25, FUNERAL DIFFECT	A BULLI-	Tella Li

RE VIII

NGV 20 1950 DISTRICT HEALTH OFFICE No. (

..e No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed	by me,	or by	•••
	\vec{a}	28	

Charles Crame

working under my personal supervision.

Ja Thomas

Licensed Embalmer No. 399

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.